

REQUEST FOR PROPOSALS (RFP)

For

RYAN WHITE HIV CARE SERVICES

RFP # 1573-DPH-BC

**Issued by:
STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF PUBLIC HEALTH
AIDS/HIV PROGRAM**

**Proposals must be received
no later than 2:00 PM CST
Friday, November 17, 2006**

**For further information regarding this RFP, contact:
Michael McFadden
608/266-0682**

LATE PROPOSALS WILL BE REJECTED

2006 Ryan White HIV Care Services RFP

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Resources on the Web

I. GENERAL INFORMATION

INTRODUCTION

The Health Resources and Services Administration (HRSA), the federal agency with oversight of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds, has identified the following core services which states should address with Title II CARE Act funds:

1. Medical Care
2. Oral Health Care
3. Medications
4. Mental Health Services
5. Substance Abuse Services
6. Case Management

Guidance from HRSA indicates that states should direct funding to support core services. HRSA further indicates that states must justify how core service needs are being addressed if they direct Ryan White Title II funds to other services.

The purpose of this document is to provide interested parties with information to prepare and submit a proposal to provide these AIDS/HIV-related services. The State of Wisconsin, represented by the Division of Public Health, AIDS/HIV Program, intends to use the results of this process to award grants to local agencies to provide certain core and non-core services. Grants resulting from this process will be administered by the Division of Public Health, AIDS/HIV Program.

SCOPE

The Division will conduct this competitive process to award funds for the following core services and non-core services (see technical requirements section for additional information on each service).

Core Services

1. Medical Services
2. Oral Health Services
3. Mental Health and Substance Abuse Services
4. Case Management Services

Non-Core Services

1. Emergency Financial Assistance
2. Client Outreach and Advocacy

Funding

The funds included in this process are federal funds from Title II of the Ryan White CARE Act. The total funding to be awarded is anticipated to be \$1,500,000; however, funding is contingent on the actual federal Ryan White Title II funds awarded to Wisconsin.

Funds will be awarded on a regional basis to each of the five Department of Health and Family Services (DHFS) regions. A map of the regions is included in Appendix A. Table 1 indicates the range of funds expected to be awarded to each region. The formula referred to in the table is based on a three year average (2003-2005) of presumed living cases of HIV infection (including AIDS) reported in each region.

Table 1. Target Regional Funding Levels

Region	Living Cases	Funding by Formula	Range Percentage	Target Range Funding Level
Northeastern	9.2%	\$137,274	8% to 11%	\$120,000 to \$165,000
Northern	3.1%	\$45,963	2% to 5%	\$30,000 to \$75,000
Southeastern	63.1%	\$946,180	61% to 65%	\$915,000 to \$975,000
Southern	18.7%	\$279,980	17% to 21%	\$255,000 to \$315,000
Western	6.0%	\$90,603	5% to 8%	\$75,000 to \$120,000
Total	100.0%	\$1,500,000		

Services that are provided statewide will be allocated on a percentage basis across all regions. The target dollar amount and percentage of total funds by service category is indicated in Table 2. However, final amounts and percents will be determined by the quality of applications within each service category, amount of funds requested in individual service categories and taking into consideration statewide distribution of services.

Table 2. Target Funding Amounts and Percents by Service

Service Category	Funding Amount	Percent
Medical Services	\$450,000	30%
Oral Health	\$165,000	11%
Mental Health and Substance Abuse	\$75,000	5%
Case Management	\$600,000	40%
Subtotal Core	\$1,290,000	86%
Emergency Financial Assistance	\$105,000	7%
Outreach & Advocacy	\$105,000	7%
Subtotal Non Core	\$210,000	14%
Grand Total All Services	\$1,500,000	100%

ISSUING AGENCY

The Division of Public Health, AIDS/HIV Program is responsible for issuing this request for proposals (RFP) for the State of Wisconsin. The Division is the sole point of contact for the State of Wisconsin during the selection process. The person responsible for managing the procurement process is Michael McFadden, HIV Care & Surveillance Supervisor.

WHO MAY SUBMIT A PROPOSAL

Units of government; local health departments; universities; private non-profit agencies with 501(c) 3 status, such as minority community-based agencies and AIDS service organizations; Tribal Nations; federally qualified health centers (FQHCs); and, private for-profit agencies may apply. Applicants must be located within the State of Wisconsin.

NOTICE OF INTENT TO APPLY

Applicants are requested, but not required, to submit a Notice of Intent to Apply (see Appendix B). The Notice of Intent to Apply form should be returned to the AIDS/HIV Program at the address on the form by 4:00 PM CST on Friday, October 13, 2006. Submission of the Notice of Intent to Apply does not obligate an agency to submit a proposal, but supplemental information regarding the RFP will be provided only to agencies that submit the form.

CLARIFICATIONS AND/OR REVISIONS TO SERVICE DEFINITIONS AND TECHNICAL REQUIREMENTS

Any questions concerning this RFP should be addressed in writing or by telephone no later than October 15, 2006 to:

Michael McFadden
HIV Care & Surveillance Supervisor
AIDS/HIV Program
Division of Public Health
1 W. Wilson St., Rm. 318
PO Box 2659
Madison WI 53701 - 2659
608/266-0682
mcfadme@dhfs.state.wi.us

Collect calls will not be accepted.

If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this RFP, the proposer should notify, immediately, the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be provided only to prospective proposers who have submitted a

notice of intent to apply. No questions or requests for clarifications will be accepted after October 15, 2006.

GRANT TERM AND FUNDING

The Division of Public Health plans to award contracts under the RFP for a three-year cycle beginning April 1, 2007 and ending March 31, 2010. The Division will issue 12 month contracts during the three-year cycle. Annual contracts will be renewed based on availability of federal funds, and grantee performance during the previous year. In addition, based upon performance, the Division may exercise the option of continuing its contractual relationships with funded agencies for an additional two years.

PROPOSER’S CONFERENCE

The Division will sponsor a Proposer’s Conference for potential applicants to review the intent of the RFP and to answer questions related to the RFP process.

Date: Wednesday, October 4, 2006

Time: 10:00 AM to 12:00 PM

Place: America’s Black Holocaust Museum
 2233 N. 4th Street
 Milwaukee, WI 53212

A map and driving directions are available from the Museum’s website at:

<http://www.blackholocaustmuseum.org/>

CALENDAR OF EVENTS

September 25, 2006..... Division of Public Health releases RFP
October 4, 2006Proposer’s Conference
October 13, 2006 Notice of Intent to Apply due
October 15, 2006 Last day to submit questions/clarifications
November 17, 2006..... Proposals due
January 5, 2007 Notice of Intent to Award
April 1, 2007Newly awarded contracts begin

II. SERVICE DEFINITIONS AND TECHNICAL REQUIREMENTS¹

Background

HRSA guidance states that Ryan White Title II funds are intended to develop and enhance access to a comprehensive continuum of high quality, community-based care for low-income individuals and families living with HIV disease. Title II funds should also address disparities in care, barriers to care and gaps in services for these individuals and families.

Acceptance of Proposal Content

Grant recipients receiving awards will be mandated to meet all requirements of this RFP.

Allowable Costs

Grant recipients selected through this RFP will be required to comply with the Department of Health and Family Services Allowable Cost Policy Manual, which is available online at:

<http://dhfs.wisconsin.gov/grants/AllowCost.HTM>

Reports

Reports of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives in accordance with the application. Reporting requirements will be specified in the agreement between successful proposers and the Division. Failure of successful proposers to accept these obligations may result in cancellation of the award.

Grantees shall, at the option of the Division, appear before DHFS administrators to clarify findings and to answer any questions at any time during the grant agreement or after the grant agreement is completed.

Affirmative Action

Successful proposers who are awarded contracts of twenty-five thousand dollars (\$25,000) or more shall have included in their contracts the following clause:

“A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty-five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract.”

¹ Service definitions and technical requirements in this section are composites from several sources, including, the Glossary of HIV-Related Service Categories and the Division of Service System Policies from the Ryan White CARE Act Title II Manual, HRSA; Ryan White Title II Standards of Services, Oregon Department of Human Services and Health Services; Ryan White Quality Management Standards, Fulton County, GA; and from various AIDS/HIV Program care and prevention standards.

Reasonable Accommodations

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. For special needs contact Michael McFadden at 608/266-0682.

Non-discrimination Against Employees or Applicants for Employment

In connection with the performance of work under contracts that result from this RFP, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, ethnicity, religion, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01(5), sexual orientation or national origin.

General Provisions for all Ryan White Title II Funded Services

Ryan White Title II funded service providers and agencies must:

- Assure that funded services are available and reasonably accessible to all eligible Wisconsin residents infected with HIV who request services and who reside in the provider's service area.
- Provide services to all eligible clients without discrimination in regard to age, race, ethnicity, religion, handicap, sex, marital status, sexual orientation or national origin.
- Assure the provision of culturally sensitive and appropriate services.
- Comply with all Health Resources and Services Administration (HRSA) issued guidelines as well as any policy and/or procedure updates issued by the Wisconsin Division of Public Health and/or the AIDS/HIV Program.
- Maintain individual client files (paper or electronic) which completely document all communication, contacts, and interventions pertaining to the provision of care for persons receiving any of the following: medical, oral health, mental health, substance abuse or case management services.
- Have policies and procedures to assure that the confidentiality of client files and records is maintained. Any client records or files containing identifying client information, including personal health information, must be maintained in strict confidentiality according to the funded agency's confidentiality policy, which must be approved by the AIDS/HIV Program and must be consistent with applicable federal and state laws. Additionally, the confidentiality policy must include provisions for a confidentiality statement signed by agency staff and volunteers who have access to client files, records or identifying information. The confidentiality policy shall be conveyed to all agency staff and volunteers, and signed confidentiality statements shall be kept on file within the agency.

- Make available upon request all records pertaining to funded services to the AIDS/HIV Program or its agents for purposes of conducting program monitoring, evaluation, consultation and/or technical assistance.
- Develop and implement a quality assurance program to insure that their services effectively meet client needs. This should include strategies to obtain client input regarding services on a regular basis. Strategies should be inclusive and reflective of the diversity of the agency's client population.
- Have policies and procedures for all funded services. This includes a written grievance policy and procedure. The procedure must detail the grievance system, how it operates, the process for grievance investigation and specific contact persons.
- Assure that the total amount of grant funds expended for administrative expenses, including indirect costs, does not exceed 10% of the total grant award.
- Assure that Ryan White funds are the payer of last resort, which means that funds may not be utilized to make payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, under an insurance policy, under any federal or state health benefits program, or by an entity that provides health services on a prepaid basis.
- Assure that any charges for Ryan White Title II funded services are assessed on a sliding fee schedule that is available to the public. Individual, annual aggregate charges to clients receiving Title II services must conform to statutory limitations. The term, "aggregate charges," applies to the annual charges imposed for all services under Title II of the CARE Act without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services. This requirement applies to all service providers from which an individual receives Title II-funded services. Please refer to the Table 3 for allowable charges.

Table 3. Allowable Charges by Income Level

INDIVIDUAL/FAMILY ANNUAL GROSS INCOME	TOTAL ALLOWABLE ANNUAL CHARGES
▪ Equal to or below the Federal Poverty Guideline	▪ No charges permitted
▪ 101% to 200% of the Federal Poverty Guideline	▪ 5% or less of gross income
▪ 201% to 300% of the Federal Poverty Guideline	▪ 7% or less of gross income
▪ Greater than 300% of the Federal Poverty Guideline	▪ 10% or less of gross income

- Maintain appropriate relationships with entities within their service area that constitute key points of access to the health care system for the purpose of identifying individuals who know their HIV status but are not in care, and for the purpose of linking such persons to care. Key points of access include but are not limited to emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, Partner Counseling and Referral Services programs, mental health program, and homeless shelters.
- Submit quarterly progress and other reports to the AIDS/HIV Program by the specified due date in a format provided by the Program.
- Provide services directly or through sub-contracts. All sub-contracted services and sub-contracted providers are subject to all requirements and restrictions contained in this RFP and all the terms and conditions of the contract between the primary grantee and the Division of Public Health. The primary grantee will be responsible for contract performance when sub-contractors are used.

Special Provisions

Providers and agencies funded through this competitive process must also agree to participate in processes coordinated by the AIDS/HIV Program to:

- Develop standardized performance indicators and outcome measures for each Ryan White funded core service.
- Explore implementation of the collection of client level data for Ryan White funded services.

Restrictions

- Funds used for reimbursement of medical, dental, mental health and substance abuse services, may not exceed the current maximum allowable rates established by the Wisconsin Medical Assistance Program.
- Ryan White Title II funds may not be expended to support syringe and needle exchange programs.
- Funds may not be used to make direct payments of cash to recipients of services. Where the direct provision of services is not possible or effective, vouchers, which may only be exchanged for a specific service or commodity (e.g., food or transportation), must be used to meet the need for such services. Funded agencies must ensure that vouchers cannot be readily converted to cash.
- Funds may not be used for alternative or complimentary therapies, such as acupuncture and massage therapy.
- Funds may not be used to purchase or improve land or to purchase, construct or make permanent improvements to any building.

Core Services

1. Medical Care

Funds may be used to provide outpatient primary medical care and HIV specialty care to patients with HIV infection, including the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient, community-based and/or office-based setting.

Requirements:

- Medical services must be consistent with accepted medical practices and standards of care.
- Primary medical care for the treatment of HIV infection must be consistent with Public Health Service guidelines (see Appendix C, Resources to Assist Applicants).
- Physicians, physician assistants, nurse practitioners and nurses who provide patient care and related services must be currently licensed to practice in the State of Wisconsin.
- Individual patient health care records must be maintained to document the care provided, and the confidentiality of these patient health care records must be protected as required by law.
- Title II funds must be the payer of last resort. All other third party payers (e.g., ADAP, Medicaid, Medicare, private insurance) must be billed before Title II funds may be used to cover the costs of medical care.

Allowable Services:

- Outpatient physician and physician assistant services
- Outpatient nurse practitioner and nurse services
- Nurse case management services
- Early intervention and risk assessment
- Preventive care and screening
- Medical history taking
- Practitioner examination
- Diagnosis and treatment of common physical and mental conditions
- Diagnostic testing, including, but not limited to:
 - Laboratory tests to confirm the presence of HIV infection
 - Laboratory tests to diagnose the extent of deficiency in the immune system
 - Laboratory tests to monitor the efficacy of and side effects of antiretroviral treatment
- Prescribing and managing medication therapy, including access to antiretroviral and other drug therapies
- Perinatal care for HIV-infected pregnant women
- Well-baby care
- Care of minor injuries
- Minor outpatient surgery and assisting at outpatient surgery

- Continuing care and management of chronic conditions
- Referral to and provision of specialty care
- Patient education and counseling on health and nutritional issues
- Medication adherence services

Exclusions:

Funds may not be used to pay for:

- Medications included on the formulary of the AIDS Drug Assistance Program (ADAP) for ADAP eligible clients.
- Medications that a client is eligible to receive through pharmaceutical company patient assistance programs
- TB medications, which are available through the Wisconsin TB Program
- Experimental medical procedures
- Medications that are not approved by the US Food and Drug Administration (FDA)
- Cosmetic procedures except when they are medically necessary
- In-patient care

2. Oral Health Care

Diagnostic, prophylactic, and therapeutic services provided by dentists, dental hygienists, dental assistants and similar professional practitioners.

Requirements

- Oral health care services must be consistent with accepted dental practices and standards of care (see Appendix C, Resources to Assist Applicants).
- Dentists and dental hygienists who provide patient care and related services must be currently licensed to practice in the State of Wisconsin.
- Individual patient health care records must be maintained to document the care provided, and the confidentiality of these patient health care records must be protected as required by law.
- Title II funds must be the payer of last resort. All other third party payers (e.g. Medicaid, Medicare, private insurance) must be billed before Title II funds may be used to cover the costs of oral health care.

Allowable Services:

- Preliminary examinations
- Radiographs
- Preventative care
- Prophylaxis and cleaning (scaling and polishing to remove calculus, soft deposits, plaque and stains)
- Filling cavities
- Extractions
- Diagnosis, treatment and follow-up monitoring of oral conditions, including HIV oral pathology such as:
 - Oral Kaposi's Sarcoma

- CMV ulceration
- Hairy leukoplakia
- Aphthous ulcers
- Herpetic lesions
- Individual comprehensive treatment plan
- Specialty care consultation and referral services
- Fixed and removable prosthodontics
- Periodontal services
- Nutritional counseling for control of dental disease
- Tobacco counseling for the control and prevention of oral disease
- Oral hygiene instruction
- Medications prescribed by a dentist where no other payment source such as private insurance, Medicaid or pharmaceutical company patient assistance is available

Exclusions

Funds may not be used for:

- In-patient oral surgery
- Non-medically necessary cosmetic dentistry procedures

3. Mental Health & Substance Abuse Services

Mental Health: Psychological and psychiatric assessment, treatment and counseling services, including individual and group counseling, provided by a mental-health professional who is licensed or authorized to provide care, including psychiatrists, psychologists, clinical-nurse specialists, social workers, and counselors, provided in an outpatient health service setting.

Substance Abuse Services: Provision of assessment, treatment and/or counseling to address substance-abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient health service setting.

Requirements

- Mental Health service providers must be licensed or certified to practice in the State of Wisconsin.
- Substance Abuse service providers must be certified or registered to practice in the State of Wisconsin.

Note: As of January 1, 2006, the authority of Alcohol and Other Drug Abuse (AODA) credentialing has been transferred to the Wisconsin Department of Regulation and Licensing (DRL). All credentials will be transferred to DRL during 2006. See the DRL website for additional information at:

<http://drl.wi.gov/index.htm>

- Mental Health and Substance Abuse providers must work under the proper supervision as required by law and by their license, registration or certification.
- Substance abuse treatment services must be consistent with accepted standards for community substance abuse prevention and treatment services.
- Mental Health treatment services must be consistent with Wisconsin accepted standards for outpatient mental health counseling and psychotherapy.
- Mental Health and Substance Abuse service providers must develop a plan for twenty-four hour crisis intervention.
- Mental Health and Substance Abuse service providers must have plans to refer clients to other appropriate treatment providers when the client's mental health and/or substance abuse treatment needs exceed the scope of services available from the funded provider.
- Individual patient health care records must be maintained to document the care provided, and the confidentiality of these patient health care records must be protected as required by law.

Allowable Services:

- Screening, assessment and referral for mental health conditions and substance abuse
- Outpatient mental health counseling
- Outpatient psychotherapy
- Provision of mental health medications prescribed by a psychiatrist, physician or other licensed health care professional when no other payment source is available
- Outpatient alcohol and other drug abuse (AODA) counseling
- Outpatient AODA treatment, including harm reduction
- Relapse prevention services

Exclusions

- Inpatient mental health treatment
- Inpatient substance abuse treatment services
- Inpatient detoxification services
- Experimental treatments
- Provision of drugs that are not FDA approved
- Funds may not be used for syringe and needle exchange programs

4. Case Management

Case management is an approach to service delivery which strives to ensure that clients with complex needs receive timely coordinated services and linkages to resources that will help maintain their ability to function independently in a community of their choice for as long as practical. Case management involves the active participation of the client or the client's designated representative in all aspects of the case management process. Case management encourages collaboration, cost-efficiency, and integration to avoid duplication of services. Case management is a mechanism to serve persons with chronic conditions and those with multiple service needs. The primary focus of HIV case management is to assist clients in gaining access to HIV

medical care and other services which promote access to and ongoing participation in medical care.

Requirements

- Case management services must be consistent with *Practice Standards and Administrative Guidelines for HIV-related Case Management*, published by the AIDS/HIV Program, publication number PPH 4546 (Rev. 03/03).
- Consistent with the practice standards, case management providers must implement the six core functions of case management:
 - **Intake**, which includes screening and eligibility determination, dissemination of program information, and identification of scope of services and service limitations.
 - **Assessment**, which includes the evaluation and prioritization of service needs.
 - **Service Plan Development**, which is the client specific case management workplan developed with the client to identify service needs and goals, and to facilitate and coordinate access to services.
 - **Monitoring and Evaluation**, which includes collecting data to track progress toward meeting needs identified in the service plan.
 - **Re-assessment**, which is a process to re-evaluate client strengths and needs annually or when there are significant changes in the client's needs or health status.
 - **Discharge/Transfer**, which is the process of disengaging a client from case management when the client no longer wants or needs case management services or when the client is no longer eligible to receive services, and when appropriate, assisting the client with transfer to another case management provider.
- Case management services must be reasonably accessible and available to persons with HIV infection who live in the provider's service area and request services.
- Case management providers must maintain individual client files (paper or electronic) that accurately and completely document case management services and interventions, and must make these files available upon request to the AIDS/HIV Program or its agents for purposes of conducting program monitoring, evaluation, consultation and/or technical assistance.

Allowable Services

- Psychosocial case management services
- Client specific advocacy for services and service delivery
- Short-term, case manager provided direct support services, such as emotional support until a referral for these services is identified
- Benefits counseling to assist client in obtaining access to entitlement programs such as Medicaid or to other benefits that they may be eligible for such as the AIDS Drug Assistance Program (ADAP).

Service Definitions and Technical Requirements

- Limited case management services and discharge planning for inmates of Wisconsin correctional facilities living with HIV disease.

Exclusions

- Nurse case management, which is an eligible service under the Medical Care category.

Non-Core Services

1. Emergency Financial Assistance

Emergency financial assistance (EFA) is short-term financial assistance for low-income persons living with HIV to be used when no other source of assistance is available or when all other sources of assistance have been exhausted. Assistance is for limited uses, limited amounts and for limited time periods.

To be eligible for emergency financial assistance persons must:

- Have documented HIV infection
- Have documented gross annual income at or below 300% of the current federal poverty level (FPL)
- Reside in the State of Wisconsin
- Be ineligible for other sources of assistance or have exhausted all other sources of assistance

Requirements

- Assistance available to an individual must not exceed an annual capped amount. A statewide uniform cap will be negotiated by the AIDS/HIV Program and agencies that are awarded EFA funding. Within that cap an individual will only be granted the amount needed to address documented emergency needs.
- Only agencies that are also applying for case management funding may apply for EFA funding, so that case management programs may determine eligibility, assure that funds are used as a last resort, and to track individual usage to assure that the annual per client cap is not exceeded. However, non-case managed clients who live within the agency's service area, meet the income eligibility and have documented need should also have access to EFA.
- Whenever possible payment for services must be made directly to the service provider. Where direct payment for provision of services is not possible or effective, vouchers, which may only be exchanged for a specific service or commodity (e.g., food or transportation), must be used to meet the need for such services.
- Funded agencies must ensure that vouchers cannot be readily converted to cash.

Allowable Services

Assistance may only be provided for:

- Outpatient HIV-related medical care, including deductibles and co-payments for office visits and medications when no other payment source is available
- Short-term emergency housing such as an overnight stay in a motel or shelter
- Food when no other source is available (e.g., community food pantry) or other sources have been exhausted
- Transportation to and from medical, dental, mental health, substance abuse treatment and social services appointments only

Exclusions

- Funds may not be used to make direct payments of cash to recipients of services.

Assistance may not be provided for:

- Any costs for goods or services that are prohibited by HRSA policies or Ryan White Title II grant guidance
- Inpatient hospital stays
- Medications that are available through ADAP for ADAP eligible clients
- Medications that a client is eligible to receive through pharmaceutical company patient assistance programs
- TB medications, which are available through the Wisconsin TB Program
- Rent assistance or mortgage payments
- Utility bills
- Alcoholic beverages
- Tobacco products
- Pet foods or products
- Transportation for purposes other than stated in the allowable services section (e.g., transportation to work, school or social activities)
- Individuals are not entitled to receive the difference between the annual cap on assistance and the amount of assistance for their emergency needs if the amount for documented emergency needs is less than the annual cap.

2. Outreach and Advocacy

Outreach: Identification of persons with HIV disease, particularly those who know their HIV status but are not in care, for the purpose of educating them about HIV care and treatment resources, services and options, and to support them in engaging the care system, especially ongoing HIV primary care.

Client Advocacy: Provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Advocacy does not involve coordination and follow-up on medical treatments.

Allowable Services

- Legal Assistance, including:
 - Preparation of Powers of Attorney, Do Not Resuscitate(DNR) Orders, wills and trusts
 - Bankruptcy proceedings
 - Intervention necessary to ensure access to benefits for which an individual may be eligible, including discrimination or breach of confidentiality litigation
 - Preparation for custody options for legal dependents, including standby guardianship, joint custody or adoption
- Outreach and education focusing on access to and maintenance in health care, targeted at persons who know their status but are not in care or high-risk

individuals who do not know their HIV status.

- Support groups that promote the health of persons living with HIV by encouraging persons who are not in care to access care, and by encouraging those who are in care to stay in care and adhere to treatment regimens.

Exclusions

Funds may not be used to support:

- Legal representation for criminal cases
- Any legal actions taken against the federal or state government
- Stipends to recipients of services
- Events or gatherings that are only of a social nature, such as client picnics or field trips
- Outreach activities that exclusively promote HIV prevention education
- Broad HIV awareness activities targeted at the general population, such as print ads and radio or television announcements.

III. PREPARING AND SUBMITTING A PROPOSAL

GENERAL INSTRUCTIONS

The selection of grantees will be based on evaluation of the information submitted in the applicant's proposal. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a proposal.

The Division does not desire elaborate proposals (e.g. expensive artwork). It is not necessary to submit more than what is sufficient to present a complete and effective proposal.

INCURRING COSTS

The State of Wisconsin is not liable for any cost incurred by applicants in replying to this RFP.

SUBMITTING THE PROPOSAL

Applicants must submit an original and 6 copies of all required materials. Applications must be received by 2:00 PM CST on Friday, November 17, 2006 at the address below. Applicants should allow sufficient time for proposals sent via the U.S. Postal Service to reach the AIDS/HIV Program. Materials may also be hand delivered to room 318 at the address below. Send or deliver application materials to:

Michael McFadden
HIV Care & Surveillance Supervisor
AIDS/HIV Program
Division of Public Health
1 W. Wilson St., Rm. 318
PO Box 2659
Madison, WI 53701-2659

Phone (for overnight mail) 608/266-0682

Faxed or e-mailed proposals will not be accepted. Late proposals will be rejected.

PROPOSAL ORGANIZATION, FORMAT AND CONTENT

Proposals should be typed single-sided and single-spaced in a readable font that is no smaller than 10 points on 8.5 by 11 inch paper with 1 inch margins. All pages should be numbered consecutively. The entire application packet should be securely bound together with staples, binder clips or a similar method.

A complete application package must contain the sections listed in the table that follows. Responses within each part must be clearly labeled with the headings and subheadings listed in Table 4. Additional information on each section is provided after the table. Additional resources to assist applicants are listed in Appendix C.

Table 4. Application Elements

Section	Content	Comments
A. Required Forms	A1. Application Checklist A2. Agency Profile and Application Form A3. Cultural Competence Assessment Form	Applicants must submit all required forms.
B. Budget and Budget Narrative	B1. Comprehensive Budget Form	Applicants must submit a budget for at least one service.
	B2. Comprehensive Budget Narrative	Applicants must submit a budget narrative that justifies proposed costs.
C. Narrative(s) and Workplan(s)		Applicants applying for one or more services must submit an individual narrative and an individual workplan for each service for which they are applying.
	C1. Medical Services Narrative C2. Medical Services Workplan	Submit if applying to provide Medical Services.
	C3. Oral Health Services Narrative C4. Oral Health Services Workplan	Submit if applying to provide Oral Health Services
	C5. Mental Health & Substance Abuse Services Narrative C6. Mental Health & Substance Abuse Services Workplan	Submit if applying to provide Mental Health & Substance Abuse Services
	C7. Case Management Narrative C8. Case Management Workplan	Submit if applying to provide Case Management.
	C9. Emergency Financial Assistance Narrative C10. Emergency Financial Assistance Workplan	Submit if applying to provide Emergency Financial Assistance.
	C11. Outreach and Advocacy Narrative C12. Outreach and Advocacy Workplan	Submit if applying to provide Outreach and Advocacy.

Section A. Required Forms

The following required forms must be completed and submitted with a proposal:

- A1. Checklist (which will function as the table of contents)
- A2. Agency Profile and Application Form
- A3. Agency Cultural Competence Assessment Form (Applicants will submit a narrative response)

Copies of the required forms are included in Appendix B of this document. The forms may also be downloaded from the internet, printed, completed manually and submitted with a proposal. Some fillable forms, which may be completed electronically and printed, are also available on the web. A link to the forms is on the AIDS/HIV Program's website at:

<http://dhfs.wisconsin.gov/aids-hiv/index.htm>

Applicants should only submit one set of required forms regardless of the number of services for which they are applying.

Section B. Budget and Budget Narrative

Copies of the required budget form and instructions are included in Appendix B of this document. Budget narrative instructions are also in Appendix B. Budget forms and instructions may also be downloaded from the AIDS/HIV Program's website.

- Applicants applying for one or more core and/or non-core services must submit a single comprehensive budget form. The budget form contains a column for each core and non-core service. Applicants should record the costs associated with each service for which they are applying in the column designated for that service.
- Applicants must also submit a comprehensive budget narrative, which describes each budget item. Applicants who are applying to provide services in more than one region should clarify how costs are allocated in each region in the budget narrative. Budget narrative instructions are included in Appendix B.

Section C. Narrative(s) and Workplan(s)

Narratives

Applicants must submit individual narratives of no more than 5 pages per narrative for each service for which they are applying. Within the 5 page limit, each narrative must briefly and concisely describe:

- How the service will be provided according to the requirements stated in the RFP and where (service area) the service will be provided (DHFS region or regions).
- The target population(s) to be served and how the applicant will provide the service to the target population(s) in a manner that is culturally sensitive and competent.
- How the applicant will identify persons from the target population(s) who know their HIV status but are not in care and engage them in care, including collaborative efforts with other providers serving the population.
- How the service addresses unmet needs of members of the target population(s).
- How the applicant will assure that Ryan White funds supporting the service are the payer of last resort.

Workplan(s)

Applicants must also submit individual workplans which correspond to each service for which they are applying. The workplan form is included in Appendix B and is also available on the AIDS/HIV Program's website.

The workplan form contains space for the applicant to submit objectives. Workplan objectives should not be simplistic nor should they be so lofty that they are not reasonable to achieve. Objectives must also be "SMART", which means that they are:

- Specific
- Measurable
- Achievable
- Relevant
- Time-framed

Each workplan must include:

- 5 objectives that are representative of the essential aspects of the service to be provided. For each of these objectives, the applicant must:
 - Identify a method and data source that will be used to measure progress toward meeting the objective.
 - Provide a brief rationale for the objective, which explains why the objective is representative of the service to be provided.
- At least one objective must address client or patient evaluation or assessment.
- At least one objective must address cultural competence. (The objective may address culturally competent service delivery or staff training.)

IV. PROPOSAL SELECTION AND AWARD PROCESS

Technical Review of Proposals

All proposals will be subject to an initial technical review for completeness and adherence to RFP specifications and requirements. Proposals will receive a pass or fail score for the initial technical review. Proposals that pass the initial technical review will be forwarded to the review panel for scoring. Proposals that fail the initial review will receive no further consideration.

Review Panel and Funding Recommendations

Proposals that pass the initial technical review will be evaluated and scored by a panel of reviewers with knowledge of health care or social service delivery. Applications for each service category will be evaluated and scored independently and compared to other applications within the same service category. The AIDS/HIV Program will make funding recommendations based on the review panel's scoring and evaluation, and taking into consideration statewide distribution of services, diversity of providers and services, and the funding targets outlined in tables 1 and 2 in the general information section of this document. The AIDS/HIV Program will forward its funding recommendations to the Administrator of the Division of Public Health for final consideration.

Scoring

Table 5 outlines the points assigned to each section of a complete proposal and briefly describes how each section will be evaluated.

Since some applicants may submit proposals for multiple services, scores will be calculated for each service in the following manner:

- The Agency Profile and Application form will be scored and individual service scores determined and applied respectively to each service applied for by an applicant.
- The Cultural Competency Assessment will be scored once and that score will be applied to the total score for each service applied for by an applicant.
- The budget and narrative will be scored one time and that score will be applied to the total score for each service that is applied for by an applicant.
- Narratives for each service will be scored individually.
- Workplans for each service will be scored individually.
- A total score will be calculated for each service applied for. The maximum score possible for each service is 100 points.
- Individual service scores will be compared to other applicants who applied for the same service.

Table 5. Proposal Points and Evaluation

Proposal Section	Points	Evaluation
A. Forms	30	
<ul style="list-style-type: none"> A1. Checklist – not scored A2. Agency Profile and Application form – 15 points A3. Cultural Competency Assessment – 15 points 		All forms must be submitted. Points will be awarded based on scoring of the Agency Profile and Application, and the Cultural Competency Assessment. Agency Profile and Application scores will be determined and awarded in each service category for which the applicant applies and applied to the total score for each service respectively. The Cultural Competency Assessment will be scored once and that score will be applied to the total score for each service applied for by an applicant.
B. Budget and Budget Narrative	10	
		Budgets will be evaluated based on their accuracy and the extent to which charges are reasonable and allowable. Budget narratives will be evaluated based on the extent to which they justify costs. They will be scored one time and that score will be applied to the total score for each service applied for by an applicant.
C. Narrative and Workplan	60	
<ul style="list-style-type: none"> Narrative 	30	Narratives will be evaluated based on the extent to which they reasonably, logically and effectively respond to the required elements.
<ul style="list-style-type: none"> Workplan 	30	Workplans will be evaluated based on the extent to which the objectives are reasonable, measurable, relevant and justifiable.
Total	100	

Example:

An agency submits an application for funding to provide medical services and case management services under core services and emergency financial assistance and advocacy under non-core services. Table 6 shows the review panel scores for each section of the agency's application.

Table 6. Example Review Panel Scores

Section	Score
A. Forms (total forms score)	
Core Services	Core Services
• Medical	• 27
• Case Management	• 25
Non-Core Services	Non-Core Services
• Emergency Financial Assistance	• 26
• Advocacy	• 22
B. Budget and Budget Narrative	8
C. Narrative(s) and Workplan(s)	
Core Services:	Core Services
▪ Medical narrative	▪ 20
▪ Medical workplan	▪ 21
▪ Case Management narrative	▪ 25
▪ Case Management workplan	▪ 25
Non-Core Services	Non Core Services
▪ EFA narrative	▪ 22
▪ EFA workplan	▪ 25
▪ Advocacy narrative	▪ 28
▪ Advocacy workplan	▪ 27

The AIDS/HIV Program will take the review panel scores for each section and determine a score for each service. The example services scores are outlined in Table 7.

Table 7. Example Service Scores

Section	Medical Services	Case Management	EFA	Advocacy
A. Forms	27	25	26	22
B. Budget and Budget Narrative	8	8	8	8
C. Narrative	20	25	22	28
Workplan	21	25	25	27
Total	76	83	81	85

Individual service scores will be compared to scores for the same type of service in proposals from other applicants. The example agency's medical services score will be compared to the medical services scores from other applicants in making funding recommendations. The same process will occur for each service category. Final recommendations for awards for individual services will be based on scores, but will also take into account the geographical distribution of services. Based on these factors, a selected agency may not be funded in all the categories for which it applied.

Awards

The Division reserves the right to reject any and all proposals, to withdraw the RFP, and to negotiate the terms of contracts, including the total award amount and/or the award amount for specific service categories, with the selected applicants prior to entering into a contract. If contract negotiations cannot be concluded successfully with a selected applicant for a particular category of service, the Division may negotiate a contract with another applicant in that service category or another category, or may maintain a contract with an existing grantee if it is determined that services provided by that grantee are more beneficial than any proposed through the RFP.

Should additional funding become available, the Division reserves the right to use the results of this RFP to increase funding to selected agencies or to fund additional agencies that applied but were not originally funded through the RFP.

The Division also reserves the right not to award funding for individual service categories if there are no acceptable proposals submitted for those categories.

Notification of Intent to Award

All applicants who respond to this RFP will be notified in writing of the Division's intent to award contracts as a result of this RFP.

After official notification of the intent to award is made, copies of proposals will be available for public inspection by appointment from 8:00 AM to 4:00 PM at the State Office Building at 1 W. Wilson Street in Madison, under the supervision of AIDS/HIV Program staff. Interested parties should schedule an appointment by contacting the AIDS/HIV Program at 608/267-5287.

News Releases

News releases pertaining to awards or any part of the proposal shall not be made without the prior written approval of the Division.

Copies of news releases regarding any grant resulting from this RFP that are made during the contract period will be submitted to the Division.

Appeals Process

Proposers can only protest or appeal violation of procedures outlined in this RFP. Scoring by the review panel is not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should fully identify the procedural issue being contested.

The written notice of intent to protest must be filed with the:

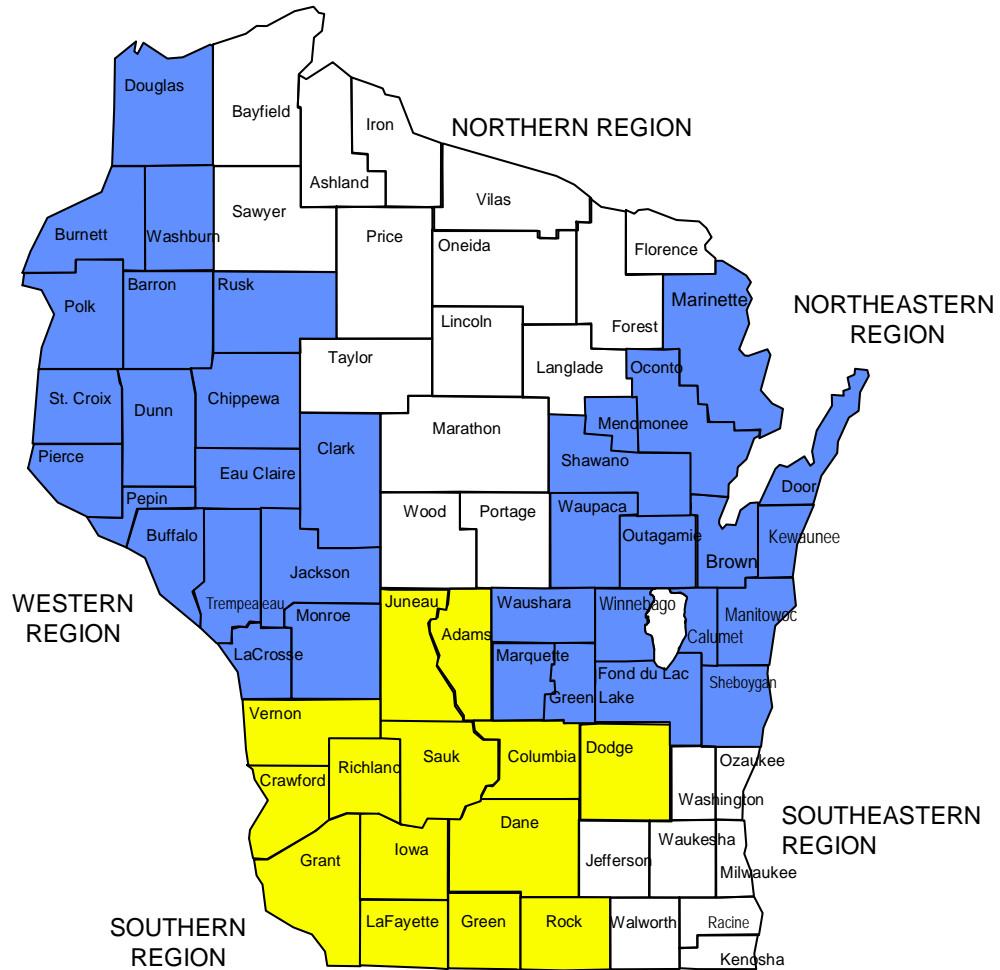
Office of the Administrator
Division of Public Health
1 W. Wilson St., Rm. 250
PO Box 2659
Madison WI 53701-2659

Notices of intent to protest must be received in that office no later than five (5) working days after the notice of intent to award is postmarked. The written protest, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Division Administrator may be appealed to the Secretary of the Department of Health and Family Services, 1 W. Wilson St., Rm. 650, PO Box 7850, Madison, WI, 53707, within five (5) working days of issuance, with a copy of the appeal also filed with the Administrator of the Division of Public Health.

Map of DHFS Regions

DHFS Regions



FORMS AND INSTRUCTIONS

Instructions
Budget Narrative Instructions
Notice of Intent to Apply
Application Checklist
Agency Profile and Application
Cultural Competency Assessment
Comprehensive Budget
Workplan

INSTRUCTIONS FOR FORMS

General

All of the forms associated with this RFP may be completed manually on a hard copy of the form. The following forms are also available electronically:

- Notice of Intent to Apply
- Application Checklist
- Agency Profile and Application
- Cultural Competency Assessment
- Comprehensive Budget
- Workplan

The forms listed above may be downloaded from the AIDS/HIV Program's website at:

<http://dhfs.wisconsin.gov/aids-hiv/index.htm>

Instructions for Fillable Forms

All of the downloadable forms except the Comprehensive Budget Form are fillable forms in Microsoft Word 2003. Each field that you must complete is shaded gray. The forms are locked, which means you will only be able to enter information in the gray shaded fields.

1. To begin, use your mouse to place the cursor in the first shaded field.
2. Enter the requested information.
3. Do not press "enter" to advance the cursor.
4. To advance to the next field, press the "tab" key. By pressing the "tab" key repeatedly, you can advance through the entire form.
5. In fields that require a number as a response:
 - Enter numerals only (e. g, 3).
 - Do not type out the word for the number (e.g., do not type "three").
 - Do not enter commas or decimal points
6. In fields that require monetary amounts for the response:
 - Use whole dollar amounts
 - Do not enter commas or decimal points. They will appear automatically when you press "tab" to advance to the next field.
 - Do not enter the dollar sign (\$). It will appear automatically when you press the "tab" key to advance to the next field.
7. When you have completed a form, use the "save as" function to save the completed form.
8. Your completed application must be submitted in paper form, so you will need to print the forms to submit on paper. Do not e-mail forms.

Brief Instructions for Individual Forms

Notice of Intent to Apply

Completion and submission of this form is optional. Submitting the form does not obligate you to submit an application. However, supplemental information about the RFP such as corrections or clarifications will only be sent to agencies that submit this form.

1. Enter the name of your agency.
2. Enter the name of the designated contact person for this RFP within your agency. All future correspondence related to the RFP will be sent to this contact only.
3. Enter the contact information for your agency (address, phone and fax) in the appropriate spaces.
4. Enter the e-mail address of the designated contact person within your agency for this RFP.
5. Check the box that corresponds to each service for which you intend to apply.
6. Submit the completed form so that it will be received by the due date. This is the only form that will be accepted by fax.

Application Checklist

This form is required to be completed and submitted with your application. The form serves two functions. First, it is a checklist that you can use to assure that you have prepared a complete application. Second, it will serve as the table of contents for your application.

1. In the column of boxes at the left side of the page, check each box that corresponds to the elements that you are submitting. In section C, you should only check the boxes associated with the services for which you are applying. For example if you are only applying to provide medical service, you would only check the boxes for C1. Medical Services Narrative and C2. Medical Services Workplan.
2. In the spaces in the column at the right side of the page, enter the page number where the beginning of a section can be found in your application. For example, if you are submitting an application for Medical Services, in the space to the right of C1 Medical Services Narrative, you would enter the page number where this section begins in your application.

Agency Profile and Application Form

This form provides background information about your agency and summarizes the services you are applying for and the funding that you are requesting.

1. Enter your agency's legal name.

2. Enter your Federal Employer Identification Number, which is also known as your Tax Identification Number.
3. Enter the physical address of your agency. If your agency has multiple locations, enter the address that you consider to be your main or central office.
4. Enter the address where grant reimbursements should be sent if your agency is selected for funding. It is only necessary to enter a payee address if it is different than the address entered in section 3. If no address is entered, payments will be sent to the address in section 3.
5. Check the boxes that describe your agency type. Check all that apply. If you check "other", enter a brief descriptor for your agency type.
6. In this section, in the "Service Provided" columns check the boxes associated with each type of service your agency is applying to provide.

In the "Years" columns, enter the number of full years you have provided each of the services you checked in the "Service Provided" column. Enter whole numbers only (e.g., 6, not 6.2). Since we are requesting the number of full years, you must round down (e.g., 8, not 8.7).

In the "Clients with HIV" columns, check the box that corresponds to a service if you knowingly provided the service to clients living with HIV infection.

7. In the table in this section you will enter the number and percent of clients you anticipate serving by race and ethnicity for each service for which you are applying. Fill out only the columns associated with the services for which you are applying. Leave all other columns blank. In each column, the total for "Race" and the total for "Ethnicity" should be the same number.
8. The table in this section summarizes the funding that you are requesting by service and region. Enter the dollar amount you are requesting in the column that corresponds to the service and the row that corresponds to the region where you will provide the service. Use whole dollar amounts only. If you are requesting funds to provide a service in multiple regions, you must indicate the portion of the total amount you are allocating to each region. If you are requesting funds to provide a service statewide, enter the total in the statewide row in the column designated for the service.
9. In this table indicate the racial and ethnic make-up of your agency's management, employees and Board of Directors. In each column the total for Race and the total for Ethnicity should be the same.

10. In this section, if applicable, indicate whether your Board of Directors has seats designated for client representatives and if so, how many seats.
11. In this section print the name and title of the individual who is authorized by your agency to sign contracts on behalf of the agency, and have the individual sign the form in the space provided.

Cultural Competency Assessment

Provide a narrative response to questions 1 through 5 on additional sheets labeled A3., and attach them in the forms section of your application. The total narrative response, which includes all five questions, should total no more than three additional pages.

Comprehensive Budget

This form is created in Microsoft Excel 2003 and is available for download. Unlike the other forms that are available for download, you will be able to alter this form to add additional lines if the space provided is not sufficient and to enter formulas to complete calculations if you wish to do so. When completing this form, use whole dollar amounts only.

1. In the first table, enter the name of your agency in the space provided.
2. In the first column identify the positions, consultants, contractual agreements, supplies, and agency operations that will be charged to this grant.
3. Enter all costs to be charged to this grant in the column designated for each service for which you are applying. In the line provided indicate the administration cost, which includes indirect cost, for each service. The total administration cost may not exceed 10% of the total requested amount.
4. Provide the total for each column and each row in the appropriate space.
5. In the second table, for each service that you are applying for, indicate the amount of funds that will be allocated to the region(s) in which you propose to provide services. For example, if you are applying for a total of \$50,000 to provide medical services in the northern and western regions, you must indicate how much of the total you will allocate to each of these regions. If you are applying to provide a service statewide, enter the requested amount in the statewide row in the column designated for the service. For each service, the Total of categories I to V in the first table should be the same as the Geographic Total in the second table.

Workplan Form

You must complete a separate Workplan form for each service for which you are applying. Each Workplan must include 5 objectives that are representative of the essential aspects of the service to be provided. At least one objective must address client or patient evaluation or assessment. At least one objective must address cultural

competence. (The cultural competency objective may address culturally competent service delivery or staff training.) See page 21 of the RFP document for detail on workplan objectives.

1. In the space after Workplan Form in the upper left corner of the form, enter the name of the service (e.g. Case Management).
2. Enter your agency's name.
3. Enter the number of grant supported staff for this service.
4. Enter the anticipated number of clients for this service.
5. In the space provided for each objective enter:
 - A specific, measurable, achievable, relevant and time-framed objective
 - The proposed method of measuring the objective
 - The data-source for measuring the objective
 - A brief rationale for the objective

Instructions for Completing Budget Narrative

Note: If applying for multiple services, the Budget Narrative should be organized by service and budget category. If applying to provide a service in multiple regions, within each category (personnel, consultant/contractual, etc.) provide a subheading indicating the charges for that region.

For each service provide the following:

I. Personnel

For each requested position, provide the following information:

Name of staff member occupying the position, if available; annual salary; total months of salary budgeted; percentage of time budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position.

Fringe Benefits

Provide the rate at which fringe benefits are calculated and the total amount charged to the grant.

II. Consultant/Contractual

List each subcontract/consulting agreement, the services to be provided and the time period of each subcontract/consulting agreement.

III. Program Supplies

Provide a general description of the type of items classified as supplies.

IV. Agency Operations

Include items, such as rent, printing of brochures, telephone, postage, utilities, training, insurance, equipment maintenance, and other allowable costs. Items that are not supplies or equipment and are not included in the lead agency administration should be included in this category. Specifically include and detail travel and equipment.

a. Travel

List all travel anticipated to occur during the budget/contract period. Be specific about who will travel, where, and why.

b. Equipment

List all equipment that is being purchased. Explain who will use the equipment and why it is necessary.

V. Administration

List all personnel, services and activities associated with agency administration. If a portion of the administration line is dedicated to indirect costs, indicate the percentage and base amount used to determine the indirect charges. The total amount budgeted for project administration, including indirect costs, cannot exceed 10% of the total grant award.

NOTICE OF INTENT TO APPLY
Ryan White HIV Care Services RFP
Due Friday, October 13, 2006

The Notice of Intent to Apply informs the AIDS/HIV Program of your intention to apply for funding under the Ryan White HIV Care Services RFP. Submission of the form does not obligate you to apply, but any supplemental information regarding the RFP will only be provided to entities that submit this form. Information will be sent to the contact person indicated below.

Applicant Agency Contact Information

Agency Name	
Contact Name	
Street Address	
PO Box	
City	
State	Zip -
Telephone () -	Fax () -
e-mail	

Indicate each service for which you intend to apply. Check all that apply:

Core Services:

- ☐ Medical Services
- ☐ Oral Health Services
- ☐ Mental Health and Substance Abuse
- ☐ Case Management

Non-Core Services:

- ☐ Emergency Financial Assistance
- ☐ Outreach and Advocacy

This form is due Friday, October 13, 2006. Mail or fax the completed form to:

Michael McFadden
HIV Care & Surveillance Supervisor
AIDS/HIV Program
Wisconsin Division of Public Health
1 W. Wilson St.
PO Box 2659
Madison, WI 53702-2659

Fax: 608/266-1288

**2006 Ryan White HIV Care Services RFP
Application Checklist
(Table of Contents)**

Section A. Required Forms

<input type="checkbox"/>	A1.	Application Checklist (this form)	Page
<input type="checkbox"/>	A2.	Agency Profile and Application Form	Page
<input type="checkbox"/>	A3.	Cultural Competency Assessment Form	Page

Section B. Budget(s) and Budget Narrative(s)

<input type="checkbox"/>	B1.	Comprehensive Budget Form	Page
<input type="checkbox"/>	B2.	Comprehensive Budget Narrative	Page

Section C. Narrative(s) and Workplan(s)

Core Services

<input type="checkbox"/>	C1.	Medical Services Narrative	Page
<input type="checkbox"/>	C2.	Medical Services Workplan	Page
<input type="checkbox"/>	C3.	Oral Health Services Narrative	Page
<input type="checkbox"/>	C4.	Oral Health Services Workplan	Page
<input type="checkbox"/>	C5.	Mental Health and Substance Abuse Services Narrative	Page
<input type="checkbox"/>	C6.	Mental Health and Substance Abuse Services Workplan	Page
<input type="checkbox"/>	C7.	Case Management Services Narrative	Page
<input type="checkbox"/>	C8.	Case Management Services Workplan	Page

Non-Core Services

<input type="checkbox"/>	C9.	Emergency Financial Assistance Narrative	Page
<input type="checkbox"/>	C10.	Emergency Financial Assistance Workplan	Page
<input type="checkbox"/>	C11.	Outreach and Advocacy Services Narrative	Page
<input type="checkbox"/>	C12.	Outreach and Advocacy Services Workplan	Page

Agency Profile and Application

1. Agency Legal Name:				2. FEIN (9 digit Federal Employer ID Number):								
				<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>								
3. Address:				4. Payee Address – if different:								
5. Agency Type (Check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> State Agency <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Non-profit organization <input type="checkbox"/> For profit organization <input type="checkbox"/> AIDS service organization </div> <div style="width: 48%;"> <input type="checkbox"/> Community-based organization <input type="checkbox"/> Minority organization <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> College or University <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Other (specify): </div> </div>												
6. In the table below check the service(s) you are applying for and indicate the number of years experience providing the service. Check the box to indicate whether the service was provided to persons with HIV.												
Service Provided		Years	Clients with HIV		Service Provided		Years	Clients with HIV				
<input type="checkbox"/> Medical			<input type="checkbox"/>		<input type="checkbox"/> Case Management			<input type="checkbox"/>				
<input type="checkbox"/> Oral Health			<input type="checkbox"/>		<input type="checkbox"/> Emergency Financial Assist.			<input type="checkbox"/>				
<input type="checkbox"/> Substance Abuse and/or Mental Health Services			<input type="checkbox"/>		<input type="checkbox"/> Client Outreach and Advocacy			<input type="checkbox"/>				
7. In the table below, enter the number and percentage of persons by race and ethnicity anticipated to be served. Enter data in the column designated for each service that your agency is applying to provide. Leave all other columns blank. In each column, the total for race and the total for ethnicity should be the same.												
Race	Medical Care		Oral Health Care		Mental Health and Substance Abuse		Case Management		Emergency Financial Assistance		Outreach Advocacy	
	#	%	#	%	#	%	#	%	#	%	#	%
White												
African American												
Asian/Pac Islander												
American Indian												
Multi-Racial												
Other/Unknown												
Total												
Ethnicity												
Hispanic												
Non-Hispanic												
Unknown												
Total												

A2. Agency Profile and Application

8. In the table below indicate the amount of funding requested for each service for which you are applying. Enter the information in the column and row that corresponds with the service you propose to provide and the region where you propose to provide the service. If you propose to provide services in multiple regions, you must allocate funding to each region in which you propose to provide the service. If you propose to provide a service statewide, indicate the amount requested in the "Statewide" row in the column designated for the service.

Region	Medical Services	Oral Health Services	Mental Health Substance Abuse	Case Management	Emergency Financial Assistance	Outreach Advocacy	Total
NE							
NO							
SE							
SO							
W							
State-wide							
Total							

9. In the table below and to the left, enter the number and percent of management, employees and Board members by race and ethnicity. In each column the total for race and the total for ethnicity should be the same.

Race and Ethnicity: In each column, the total for race and the total for ethnicity should be the same.							
Race	Management		Employees		Board Members		10. Does your agency have seats on its Board of Directors that are designated for client representatives? <input type="checkbox"/> Yes, number of seats: _____ <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	#	%	#	%	#	%	
White							
African American							
Asian/Pac Islander							
American Indian							
Multi-Racial							
Other/Unknown							
Total							
Ethnicity							
Hispanic							
Non-Hispanic							
Unknown							
Total							

11. In the table below, provide the name, title and signature of the individual who is authorized to sign contracts for the applicant agency.

	Printed Name	Signature
Name :		
Title:		

Cultural Competency Assessment

Instructions: Provide narrative responses to questions 1 through 5 on additional sheets and attach them. The total narrative, which includes responses to all five questions, should be no more than three pages.

1. How does your agency demonstrate a commitment to support cultural competency within the agency and in the services delivered by the agency?
2. How has your agency institutionalized its commitment to recruiting and retaining a staff that is culturally diverse at all levels and reflective of the populations currently served or proposed to serve?
3. Describe the education and training on cultural competence provided to your agency's:
 - a) Board of Directors
 - b) Management
 - c) Employees
 - d) Volunteers

In your response indicate whether the training was voluntary or mandatory and provide the dates of the most recent training.

4. Describe the policies, procedures and mechanisms your agency has in place to respond to the needs of clients whose primary language is not English.
5. Describe how your agency involves individuals reflecting relevant differences, such as race/ethnicity, gender, sexual orientation and HIV status in the planning, design, implementation and evaluation of care services.

Comprehensive Budget

**B1. Comprehensive
Budget Form**

[illegible]

Geographic Allocation							
Northeastern Region							
Northern Region							
Southeastern							
Southern							
Western							
Statewide							
Total							

Workplan Form:

Agency Name:			
Proposed number of grant supported staff:		Anticipated number of clients to be served:	
<p>In the spaces indicated provide 5 objectives that are representative of the proposed service. For each objective provide method for measuring the objective, a data source for measuring the objective and a rationale that justifies why the objective is representative of the proposed service.</p>			
Objective 1:			
Method of measurement:		Data source:	
Rationale:			
Objective 2:			
Method of measurement:		Data source:	
Rationale:			

Page:

Objective 3:	
Method of measurement:	Data source:
Rationale:	
Objective 4:	
Method of measurement:	Data source:
Rationale:	
Objective 5:	
Method of measurement:	Data source:
Rationale:	

Page:

RESOURCES TO ASSIST APPLICANTS

Wisconsin Surveillance Summaries:

Northeastern Region

Northern Region

Southeastern Region

Southern Region

Western Region

Resources on the Web

Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 2005

Northeastern Region

Total	Cumulative		Reported 2000 - 2005		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	866	100.0%	231	100.0%	505	100.0%
Deaths	361	41.7%	19	8.2%	-	-
Current disease category						
AIDS	606	70.0%	117	50.6%	269	53.3%
non-AIDS	260	30.0%	114	49.4%	236	46.7%
Risk Exposure Categories						
Men who have sex with men	490	56.6%	110	47.6%	255	50.5%
Injecting drug use	80	9.2%	21	9.1%	47	9.3%
Men who have sex with men and inject drugs	55	6.4%	15	6.5%	36	7.1%
Hemophilia/Coagulation Disorder	25	2.9%	0	0.0%	10	2.0%
High-risk Heterosexual Contact	99	11.4%	35	15.2%	66	13.1%
Transfusion-Associated	12	1.4%	1	0.4%	4	0.8%
Mother with/at Risk	11	1.3%	3	1.3%	10	2.0%
Undetermined/Other	94	10.9%	46	19.9%	77	15.2%
Gender						
Female	126	14.5%	51	22.1%	90	17.8%
Male	740	85.5%	180	77.9%	415	82.2%
Race/Ethnicity						
White	707	81.6%	158	68.4%	388	76.8%
Black	59	6.8%	29	12.6%	43	8.5%
Hispanic	59	6.8%	35	15.2%	45	8.9%
Asian/Pacific Islander	5	0.6%	1	0.4%	3	0.6%
American Indian	31	3.6%	4	1.7%	21	4.2%
Multi-racial	2	0.2%	2	0.9%	2	0.4%
Unknown/Other	3	0.3%	2	0.9%	3	0.6%
Age at Diagnosis						
Under 5	12	1.4%	3	1.3%	10	2.0%
5-12	2	0.2%	0	0.0%	1	0.2%
13-19	17	2.0%	4	1.7%	15	3.0%
20-29	262	30.3%	65	28.1%	165	32.7%
30-39	332	38.3%	79	34.2%	196	38.8%
40-49	156	18.0%	57	24.7%	85	16.8%
50 years and older	84	9.7%	23	10.0%	32	6.3%
Year of report						
Before 1990	127	14.7%				
1990	46	5.3%				
1991	66	7.6%				
1992	70	8.1%				
1993	68	7.9%				
1994	54	6.2%				
1995	61	7.0%				
1996	34	3.9%				
1997	44	5.1%				
1998	38	4.4%				
1999	27	3.1%				
2000	42	4.8%				
2001	29	3.3%				
2002	40	4.6%				
2003	31	3.6%				
2004	42	4.8%				
2005	47	5.4%				



Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 2005

Northern Region

Total	Cumulative		Reported 2000 - 2005		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	299	100.0%	83	100.0%	165	100.0%
Deaths	134	44.8%	12	14.5%	-	-
Current disease category						
AIDS	200	66.9%	37	44.6%	73	44.2%
non-AIDS	99	33.1%	46	55.4%	92	55.8%
Risk Exposure Categories						
Men who have sex with men	149	49.8%	39	47.0%	71	43.0%
Injecting drug use	36	12.0%	7	8.4%	18	10.9%
Men who have sex with men and inject drugs	25	8.4%	9	10.8%	16	9.7%
Hemophilia/Coagulation Disorder	11	3.7%	0	0.0%	2	1.2%
High-risk Heterosexual Contact	28	9.4%	10	12.0%	24	14.5%
Transfusion-Associated	5	1.7%	0	0.0%	0	0.0%
Mother with/at Risk	5	1.7%	2	2.4%	4	2.4%
Undetermined/Other	40	13.4%	16	19.3%	30	18.2%
Gender						
Female	49	16.4%	12	14.5%	35	21.2%
Male	250	83.6%	71	85.5%	130	78.8%
Race/Ethnicity						
White	259	86.6%	65	78.3%	139	84.2%
Black	16	5.4%	8	9.6%	15	9.1%
Hispanic	7	2.3%	3	3.6%	3	1.8%
Asian/Pacific Islander	2	0.7%	2	2.4%	2	1.2%
American Indian	13	4.3%	4	4.8%	4	2.4%
Multi-racial	1	0.3%	1	1.2%	1	0.6%
Unknown/Other	1	0.3%	0	0.0%	1	0.6%
Age at Diagnosis						
Under 5	4	1.3%	2	2.4%	3	1.8%
5-12	2	0.7%	0	0.0%	1	0.6%
13-19	11	3.7%	0	0.0%	6	3.6%
20-29	93	31.1%	21	25.3%	51	30.9%
30-39	107	35.8%	33	39.8%	62	37.6%
40-49	58	19.4%	20	24.1%	28	17.0%
50 years and older	22	7.4%	7	8.4%	12	7.3%
Year of report						
Before 1990	66	22.1%				
1990	14	4.7%				
1991	16	5.4%				
1992	15	5.0%				
1993	29	9.7%				
1994	16	5.4%				
1995	19	6.4%				
1996	14	4.7%				
1997	6	2.0%				
1998	11	3.7%				
1999	10	3.3%				
2000	12	4.0%				
2001	12	4.0%				
2002	12	4.0%				
2003	17	5.7%				
2004	17	5.7%				
2005	13	4.3%				



Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 2005

Southeastern Region

Total	Cumulative		Reported 2000 - 2005		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	5,557	100.0%	1,337	100.0%	3,441	100.0%
Deaths	2,116	38.1%	93	7.0%	-	-
Current disease category						
AIDS	3,725	67.0%	620	46.4%	1,763	51.2%
non-AIDS	1,832	33.0%	717	53.6%	1,678	48.8%
Risk Exposure Categories						
Men who have sex with men	2,882	51.9%	586	43.8%	1,624	47.2%
Injecting drug use	868	15.6%	157	11.7%	493	14.3%
Men who have sex with men and inject drugs	363	6.5%	65	4.9%	212	6.2%
Hemophilia/Coagulation Disorder	46	0.8%	3	0.2%	15	0.4%
High-risk Heterosexual Contact	716	12.9%	215	16.1%	535	15.5%
Transfusion-Associated	33	0.6%	4	0.3%	13	0.4%
Mother with/at Risk	51	0.9%	15	1.1%	39	1.1%
Undetermined/Other	598	10.8%	292	21.8%	510	14.8%
Gender						
Female	985	17.7%	317	23.7%	724	21.0%
Male	4,572	82.3%	1,020	76.3%	2,717	79.0%
Race/Ethnicity						
White	2,491	44.8%	462	34.6%	1,306	38.0%
Black	2,403	43.2%	663	49.6%	1,662	48.3%
Hispanic	617	11.1%	192	14.4%	441	12.8%
Asian/Pacific Islander	16	0.3%	9	0.7%	12	0.3%
American Indian	20	0.4%	2	0.1%	10	0.3%
Multi-racial	6	0.1%	6	0.4%	6	0.2%
Unknown/Other	4	0.1%	3	0.2%	4	0.1%
Age at Diagnosis						
Under 5	47	0.8%	13	1.0%	35	1.0%
5-12	11	0.2%	1	0.1%	8	0.2%
13-19	160	2.9%	58	4.3%	125	3.6%
20-29	1,701	30.6%	367	27.4%	1,159	33.7%
30-39	2,265	40.8%	495	37.0%	1,367	39.7%
40-49	1,014	18.2%	281	21.0%	572	16.6%
50 years and older	356	6.4%	122	9.1%	172	5.0%
Year of report						
Before 1990	880	15.8%				
1990	445	8.0%				
1991	413	7.4%				
1992	458	8.2%				
1993	394	7.1%				
1994	307	5.5%				
1995	334	6.0%				
1996	242	4.4%				
1997	284	5.1%				
1998	226	4.1%				
1999	237	4.3%				
2000	232	4.2%				
2001	203	3.7%				
2002	242	4.4%				
2003	200	3.6%				
2004	235	4.2%				
2005	225	4.0%				



Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 2005

Southern Region

Total	Cumulative		Reported 2000 - 2005		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	1,613	100.0%	431	100.0%	1,021	100.0%
Deaths	592	36.7%	23	5.3%	-	-
Current disease category						
AIDS	1,104	68.4%	210	48.7%	548	53.7%
non-AIDS	509	31.6%	221	51.3%	473	46.3%
Risk Exposure Categories						
Men who have sex with men	876	54.3%	196	45.5%	501	49.1%
Injecting drug use	192	11.9%	40	9.3%	120	11.8%
Men who have sex with men and inject drugs	117	7.3%	29	6.7%	76	7.4%
Hemophilia/Coagulation Disorder	29	1.8%	0	0.0%	13	1.3%
High-risk Heterosexual Contact	190	11.8%	79	18.3%	158	15.5%
Transfusion-Associated	24	1.5%	4	0.9%	9	0.9%
Mother with/at Risk	14	0.9%	7	1.6%	12	1.2%
Undetermined/Other	171	10.6%	76	17.6%	132	12.9%
Gender						
Female	262	16.2%	100	23.2%	204	20.0%
Male	1,351	83.8%	331	76.8%	817	80.0%
Race/Ethnicity						
White	1,140	70.7%	246	57.1%	662	64.8%
Black	362	22.4%	128	29.7%	274	26.8%
Hispanic	81	5.0%	43	10.0%	64	6.3%
Asian/Pacific Islander	17	1.1%	6	1.4%	13	1.3%
American Indian	11	0.7%	6	1.4%	6	0.6%
Multi-racial	0	0.0%	0	0.0%	0	0.0%
Unknown/Other	2	0.1%	2	0.5%	2	0.2%
Age at Diagnosis						
Under 5	13	0.8%	6	1.4%	11	1.1%
5-12	5	0.3%	1	0.2%	4	0.4%
13-19	28	1.7%	7	1.6%	19	1.9%
20-29	502	31.1%	116	26.9%	345	33.8%
30-39	618	38.3%	147	34.1%	378	37.0%
40-49	321	19.9%	114	26.5%	199	19.5%
50 years and older	126	7.8%	40	9.3%	65	6.4%
Year of report						
Before 1990	265	16.4%				
1990	114	7.1%				
1991	113	7.0%				
1992	99	6.1%				
1993	101	6.3%				
1994	88	5.5%				
1995	102	6.3%				
1996	87	5.4%				
1997	77	4.8%				
1998	68	4.2%				
1999	68	4.2%				
2000	72	4.5%				
2001	68	4.2%				
2002	72	4.5%				
2003	72	4.5%				
2004	89	5.5%				
2005	58	3.6%				



Wisconsin AIDS/HIV Surveillance Summary

Cases reported 1983 through 2005

Western Region

Total	Cumulative		Reported 2000 - 2005		Presumed alive	
	Cases	Percent	Cases	Percent	Cases	Percent
Cases	544	100.0%	138	100.0%	319	100.0%
Deaths	225	41.4%	11	8.0%	-	-
Current disease category						
AIDS	374	68.8%	72	52.2%	166	52.0%
non-AIDS	170	31.3%	66	47.8%	153	48.0%
Risk Exposure Categories						
Men who have sex with men	299	55.0%	60	43.5%	159	49.8%
Injecting drug use	63	11.6%	10	7.2%	39	12.2%
Men who have sex with men and inject drugs	43	7.9%	13	9.4%	26	8.2%
Hemophilia/Coagulation Disorder	10	1.8%	1	0.7%	4	1.3%
High-risk Heterosexual Contact	57	10.5%	21	15.2%	39	12.2%
Transfusion-Associated	6	1.1%	0	0.0%	1	0.3%
Mother with/at Risk	3	0.6%	1	0.7%	1	0.3%
Undetermined/Other	63	11.6%	32	23.2%	50	15.7%
Gender						
Female	73	13.4%	27	19.6%	56	17.6%
Male	471	86.6%	111	80.4%	263	82.4%
Race/Ethnicity						
White	463	85.1%	103	74.6%	257	80.6%
Black	41	7.5%	15	10.9%	31	9.7%
Hispanic	25	4.6%	13	9.4%	19	6.0%
Asian/Pacific Islander	8	1.5%	2	1.4%	7	2.2%
American Indian	5	0.9%	3	2.2%	3	0.9%
Multi-racial	0	0.0%	0	0.0%	0	0.0%
Unknown/Other	2	0.4%	2	1.4%	2	0.6%
Age at Diagnosis						
Under 5	3	0.6%	1	0.7%	1	0.3%
5-12	1	0.2%	1	0.7%	1	0.3%
13-19	14	2.6%	5	3.6%	12	3.8%
20-29	142	26.1%	37	26.8%	92	28.8%
30-39	228	41.9%	48	34.8%	130	40.8%
40-49	106	19.5%	29	21.0%	62	19.4%
50 years and older	50	9.2%	17	12.3%	21	6.6%
Year of report						
Before 1990	94	17.3%				
1990	37	6.8%				
1991	34	6.3%				
1992	28	5.1%				
1993	46	8.5%				
1994	32	5.9%				
1995	34	6.3%				
1996	35	6.4%				
1997	18	3.3%				
1998	22	4.0%				
1999	26	4.8%				
2000	22	4.0%				
2001	20	3.7%				
2002	15	2.8%				
2003	33	6.1%				
2004	26	4.8%				
2005	22	4.0%				



RESOURCES ON THE WEB TO ASSIST APPLICANTS

Medical Guidelines

US Public Health Service Guidelines

<http://aidsinfo.nih.gov/> includes:

- Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents May 4, 2006
- Supplement, Adherence to Potent Antiretroviral Therapy, *October 29, 2004*
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection, November 3, 2005
- Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health *and* Interventions to Reduce Perinatal HIV-1 Transmission in the United States , July 6, 2006
- Guidelines for the Preventing Opportunistic Infections Among HIV-Infected Persons – 2002
- Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents
- Treating Opportunistic Infections Among HIV-Exposed and Infected Children

Medical College of Wisconsin

<http://www.mcw.edu/peds/infectdis/hivguide.PDF>

- Caring for Infants, Children, Adolescents, and Families with HIV Infection

Oral Health

A TEC National Resource Center, Oral Health

<http://www.aids-ed.org/aidsetc?page=et-30-21&catid=oral&pid=1>

Oral Health Resources from the National Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/oralhealth/>

Clinical Guidelines (Medical, Oral Health, Mental Health, Substance Abuse)

New York State Department of Health AIDS Institute in collaboration with the Johns Hopkins University Division of Infectious Diseases <http://www.hivguidelines.org/Content.aspx>

Case Management Standards

AIDS/HIV Program

<http://dhfs.wisconsin.gov/aids-hiv/Resources/CMPracticeStandards021203.pdf>

- Practice Standards and Administrative Guidelines for HIV Related Case Management, March 2003

Cultural Competence

<http://www11.georgetown.edu/research/gucchd/nccc/>

SMART Objectives

http://www.marchofdimes.com/files/HI_SMART_objectives.pdf#search=%22SMART%20objectives%22

AIDS/HIV Program

2006 Ryan White HIV Care Services RFP